U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Affordable Care Act (ACA): Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance

Competitive Supplement to CDC-RFA-HM08-805:

Strengthen and Improve the Nation's Capacity through National, Non-profit, Professional Public Health Organizations to Increase Health Protection and Health Equity

I. AUTHORIZATION AND INTENT

Announcement Type: Competitive Supplement

Funding Opportunity Number: CDC-RFA-HM08-8050301SUPP10

Catalog of Federal Domestic Assistance Number: 93.524

Key Dates:

Application Deadline Date: August 24, 2010 on Grants.gov by 5:00 p.m. Eastern Daylight Savings Time (EDST)

Authority:

This project is authorized under sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund) for expanded and sustained national investment in prevention and public health programs.

This landmark legislation established a Prevention and Public Health Fund (Title IV, Section 4002) to provide for expanded and sustained national investment in prevention and public health programs to improve health, enhance health care quality, and restrain the rate of growth in private and public sector health care costs. The new legislation escalates the need for improving public health as a priority by investing in public health services improvements, establishment of meaningful and measureable health indicators, and achievement of significant health outcomes.

Purpose:

This project is an expansion of CDC-RFA-HM08-805: *Strengthen and Improve the Nation's Public Health Capacity through National, Non-Profit, Professional Public Health Organizations to Increase Health Protection and Health Equity*.

The overall goal of this expansion is to support the provision of capacity building assistance (CBA) to state, tribal, local and territorial (STLT) health departments that ensures successful adoption of best or promising practices to address key areas of public health infrastructure investments. These investments are in accordance with Health Care Reform legislation, Affordable Care Act (PL 111-148).

CBA refers to a set of methods for translating, packaging, and disseminating information and new technologies, and imparting knowledge and skills. CBA can be provided through information synthesis, aggregation and dissemination; and through technology transfer, technical assistance, and training. CBA can also be provided using other formats such as seminars and workshops, computer assisted training, long distance learning and other e-learning strategies

such as Podcasting, in person or telephonic expert consultation, peer to peer mentoring and group training.

This expansion will help STLT health departments by making available CBA that will improve public health infrastructure investment planning, coordination, implementation, evaluation, and dissemination of best or promising practices. The expansion supports STLT health departments in their efforts to ensure improvements in the public health infrastructure so that they are prepared for responding to both acute and chronic threats relating to the Nation's health such as emerging infections, disparities in health status, and increases in chronic disease and injury rates. These improvements focus on core public health infrastructure areas that include:

1) Performance Management, 2) Workforce Development, 3) Policy Development, and 4) Public Health System Development and Re-development.

II. PROGRAM IMPLEMENTATION

Recipient Activities:

The expansion has three parts which requires three separate supplemental applications:

- Part I: Capacity Building Assistance to Improve Public Health Infrastructure Investments

- Part II: Capacity Building Assistance to Strengthen Workforce Development and Training

- Part III: Capacity Building Assistance to Improve Adoption and Use of Evidence-Based Preventive Services

PART I - Capacity Building Assistance to Improve Public Health Infrastructure Investments

The purpose of Part I is to identify, synthesize, package, and disseminate best or promising practices for adaptation in the field. Part I also seeks to provide CBA to STLT public health agencies/departments for implementing and evaluating best or promising practices that increase the effectiveness and efficiency of public health infrastructure investments that demonstrate greater reach and potential impact of limited resources and improved efficiency building on health reform efforts/projects.

The overall **performance goal** is to accelerate public health system redesign for effectiveness and efficiency by assisting STLT public health agencies/departments with adaptation, implementation and evaluation of best or promising practices in performance management, cross-jurisdictional cooperation, leadership development, public health system redevelopment, and evaluation or workforce development. The overall **measure of effectiveness** is having best or promising practices strategically and expeditiously implemented and evaluated by the public health agencies/departments.

Applicants applying for Part I may apply for Activity 1, 2 and/or 3, as follows:

Activity 1 - Provide CBA to public health agencies/departments for identifying, synthesizing, aggregating, disseminating, adapting, implementing and evaluating best or promising practices that increase the effectiveness and efficiency related to performance management, e-public

health, cross-jurisdictional cooperation, leadership development, and public health system redevelopment. Examples include but are not limited to:

    a. Undertake systematic assessments to identify current best or promising practices in performance management, e-public health, cross-jurisdictional cooperation, leadership development, and public health system redevelopment;

    b. Synthesize best or promising practices to identify core elements for efficacy and adaptation;

    c. Aggregate the best or promising practices, including development of guidance, training curricula, promotional materials and other helpful learning tools and materials;

    d. Promote and disseminate the best or promising practices to STLT health departments;

    e. Provide technical consultation, information and training on adaptation/adoption of best or promising practices in performance management, e-public health, cross-jurisdictional cooperation, leadership development, and/or public health system redevelopment. This includes assisting STLT public health departments in understanding, adjusting and implementing best or promising practices that will improve their public health jurisdictions' unique infrastructure, business processes, organizational efficiency, resource-sharing between STLTs, and public health/healthcare system linkages (e.g., Medicaid health plan linkages with prevention services);

    f. Provide technical consultation, information and training on evaluation methods and strategies for best or promising practices on performance management, e-public

health, cross-jurisdictional cooperation, leadership development, and public health system redevelopment;

g. Provide technical consultation and information on health reform and public health policy to improve public health and healthcare system linkages;

h. Develop and/or identify cutting-edge training tools (e.g., Weblogs, Wikis, Podcasting, on-line training portals, toolkits via DVD, etc.) to provide periodic refresher tutorials and demonstrations to improve adoption of these best and promising practices;

i. Convene cross-jurisdictional state, local, regional or national training events, facilitate mentoring opportunities, and create peer exchange networks to educate and facilitate adoption of best or promising practices; Convene and collaborate with other public health partners to ensure timely and impactful implementation of best or promising practices among and between STLT public health agencies;

j. Evaluate the effectiveness of training, technical consultation, and implementation of best or promising practices to determine impact; and

k. Provide consultation services to state legislators related to the effectiveness and efficiency related to performance management, e-public health, cross-jurisdictional cooperation, leadership development, and public health system redevelopment.

Activity 2 – Assess, develop, implement and evaluate best or promising practices in public health workforce development that will increase the effectiveness and efficiency of public health infrastructure investments in performance management, business processes that improve service

delivery, public health policy, public health apprentice or pipeline programs, leadership, and public health - healthcare system linkages. Examples include but are not limited to::

a. Conduct a training needs assessment for key professional and/or technical groups within the public health system including STLT public health agencies/departments.

b. Collaboratively develop a human capital plan for the greater public health system (based on the assessment described in activity a) with emphasis on:

    a. Recruitment needs, including pipeline programs;

    b. Specific training needs of each segment of STLT workforce and federal field staff;

    c. Goals and objectives to address gaps in recruitment and training.

c. Assist CDC in developing competencies for federal field staff assigned in STLT public health agencies/departments;

d. Develop a cross walk of healthcare and public health competencies needed for monitoring and improving population health;

e. Contribute to a searchable database of resources and best practices for the workforce;

f. Actively participate in and contribute to communities of practice related to public health performance management and workforce issues

Activity 3 - Effectively evaluate and improve individual and collective grantee performance in order to achieve stated goals and objectives submitted under components I and II of the "Strengthening Public Health Infrastructure for Improved Health Outcomes" funding opportunity

announcement. The evaluation activity will employ a comprehensive evaluation and quality improvement process to address the following key areas:

   a. Implementation of grantee award;

   b. Effectiveness of strategies, programs, and policies directed to stated goals and objectives across all grantee activities;

   c. Effectiveness of grantee resource allocation;

   d. Adoption by grantees of best/promising practices to improve system efficiency;

   e. Increasing the capacity of the public health workforce

   f. Effective application of quality improvement models by grantees to maximize program effects;

   g. Measurement of grantee success in meeting stated goals and objectives; and

   h. Effective dissemination of best/promising practices across similar sectors and jurisdictions.

Successful evaluation will require a comprehensive understanding of the entire public health system, both governmental and community-based, as well as knowledge of the regional contextual factors affecting public health performance in individualized settings. Additionally, evaluation design will be based upon having considerable knowledge of health reform and its broad implications affecting clinical health care, public health, and areas of intersection. The evaluation design will exhibit direct expertise and experience in public health policy, workforce development, evidence-based practice, public health infrastructure, public health systems, and performance management (including tools and techniques used for quality improvement and capacity building, e.g. NPHPSP, Accreditation).

Part II – Capacity Building Assistance to Strengthen Workforce Development and Epidemiology Training

Strengthening the multidisciplinary public health workforce is a high priority at the federal, state, and local levels. Public health workers face heightened demands in a rapidly changing and increasingly complex environment. Simultaneously, the priority on health reform has increased the need to facilitate integration of the public health and healthcare systems, which means that healthcare workers in clinical settings need to better understand concepts of public health and public health workers need to be able to work across systems to improve population health. CDC's mission is to promote the health of the public by ensuring that the workforce has the knowledge and skills they need to protect the health of communities.

The overall **performance goal** is to ensure that the workforce in STLT public health departments has the knowledge and skills to protect the health of communities they serve, by providing them with: a) specialized scientific training such as1) competency-based applied epidemiology training, and 2) access to high-quality e-learning and other learning resources. The two key **measures of effectiveness** include: 1) at least 5 new applied epidemiology fellows are selected and placed in STLT public health agencies where they will provide direct epidemiologic service and support during their fellowship tenure; and 2) a comprehensive e-learning management system that includes a central, coordinated, and organized robust clearinghouse of on-site and e-learning modules or resources from a large community of agencies is in place and readily available to public health workers in STLT jurisdictions.

Applicants applying for Part II may apply for Activity 4 and/or 5, as follows:

Activity 4 - Applied Epidemiology Fellowship Program. Strengthening the public health workforce to perform critical functions related to epidemiology is a high priority at the federal, state, and local levels. Serious public health workforce shortages exist at the same time that public health faces heightened demands in a rapidly changing and increasingly complex environment. States and communities nationwide report the need for more epidemiologists. An aging workforce means the most senior and influential leaders are nearing retirement and the pipeline of new staff hired into public health is in short supply. Increasing the number of skilled epidemiologists is a high priority to protect the public's health, as epidemiology is the scientific cornerstone of public health practice.

Applicants for Part II are expected to:

      a. Propose a project that increases the number of fellows by at least 5 to be trained in the applied epidemiology fellowship; and

      b. Describe how the additional 5 or more fellows will provide direct epidemiologic service and support to STLT health departments during their fellowship training tenure.

Activity 5 - E-learning Resources. Utilize and expand upon existing e-learning technology and services already supported with CDC funding to provide high-quality learning resources, and make them readily available to the STLT public health workforce.

Examples include but are not limited to::

a. Propose a project that enhances the use of a comprehensive e-learning management system for public health. Such a comprehensive system includes a robust clearinghouse of on-site and e-learning modules or opportunities from a large community of agencies for public health workers in STLT jurisdictions. E-learning is a critical tool that emphasizes the use of technology for learning so that resources are available on demand, anytime and anywhere;

b. Participate in becoming a formal affiliate and provide technical assistance to establish a comprehensive e-learning management system to include a CDC learning curriculum portal that is central, coordinated, and organized as a component of an existing, comprehensive e-learning management system; and

c. Participate in an assessment, collaborate with national partners, and provide technical assistance to maximize existing content resources and identify critical gaps in competencies.

PART III – Capacity Building Assistance to Improve Adoption and Use of Evidence-Based Preventive Services

The purpose of Part III is to expand adoption and use of evidence-based approaches and *The Guide to Community Preventive Services (The Community Guide)* (www.thecommunityguide.org) among STLT health departments and their partners by building capacity in locating, assessing, selecting, adopting, and implementing evidence-based preventive services that fit constituents' needs and constraints. This Activity is intended to support the 'Research and Tracking Initiative', which has been identified as one of four critical priorities for

HHS as part of the implementation of the Affordable Care Act. The Research and Tracking

Initiative supports the expansion of coverage for community and clinical preventive services by

increasing resources for guidance and evaluation of preventive services.

The overall **performance goal** is to demonstrate measurable progress in the adoption and

utilization of recommendations outlined in *The Community Guide* by STLT health departments

and their multi-sector public health stakeholders. The overall **measures of effectiveness** are: 1)

the development and maintenance of adequate capacity to provide ongoing technical assistance

and/or training on use of evidence-based approaches and the Community Guide to a significant

number of STLT health departments; 2) the incorporation of Community Guide

recommendations into competency-based capacity, accreditation, and performance standards for

health departments and their multi-sector public health stakeholders; and 3) the production of

communication products about the Community Guide and its findings and recommendations that

are judged by STLT health department decision makers and their partners to be accessible,

understandable, consistent with their preferences for how to receive information, and relevant to

their needs.

Applicants for Part III will be expected to champion informed decision making around the

adoption and utilization of evidence-based interventions identified in *The Community Guide*

ultimately leading to improvements in addressing the leading causes of death and supporting the

forthcoming *National Prevention and Health Promotion Strategy.*

Applicants applying for Part III may apply for Activity 6, 7, 8, and/or 9, as follows:

Activity 6 - Provide technical assistance to STLT government health agency decision-makers, practitioners, and their partners in how to use evidence-based approaches, in general, and the findings and recommendations of *The Community Guide* in addressing their public health goals. Examples include but are not limited to:

    a. Establish capacity to provide ongoing effective, timely, and tailored technical assistance to STLT health agency decision makers, practitioners, and their partners around how to use evidence-based approaches (including evidence-informed decision making), and how to locate, access, select, and implement *Community Guide* findings and recommendations;

    b. Assist recipients in integrating *Community Guide* findings and recommendations with health status indicator profiles—including MATCH, America's Health Rankings, and the Community Health Status Indicator Profile—and with other surveillance data;

    c. Help applicants for programmatic funding understand how use of evidence-based approaches and specific *Community Guide* findings and recommendations can strengthen their funding proposals;

    d. Assist recipients of technical assistance in evaluating: 1) the process and extent to which selected *Community Guide* finding(s) and recommendation(s) are implemented, and 2) the resulting public health impact;

e. Monitor over time the awareness and use of evidence-based approaches (including evidence-informed decision making) and of *The Community Guide* among those receiving technical assistance; and

f. Develop consistency in technical support messages and approaches across national, state, and local levels, where appropriate, to support economies of scale and achievement of public health impact that requires action at two or more of national, state, and local levels.

Activity 7 - Develop and undertake targeted and (where appropriate) tailored education and training for STLT health department staff and their partners on the value, adoption, and use of evidence-based approaches, in general, and *The Community Guide* specifically. Training formats may include, but are not limited to, in-person seminars or courses, continuing education, online webinars, train-the trainer workshops, action guides, etc.

Examples include but are not limited to:

a. Develop and implement training formats, materials, and resources that are practical for use repeatedly or on an ongoing basis with incoming health agency leadership, staff, and partners;

b. Differentiate between training goals that can be met through cross sector approaches, and training goals that require approaches targeted to the needs of specific user audiences; and

c. Where necessary, develop all materials and fulfill all requirements for trainees to receive formal continuing education credits.

Activity 8 - Incorporate assessment of the use of evidence-based approaches, in general, and *The Community Guide*, in particular, into competency development, capacity measurement, and accreditation standards — including the National Public Health Performance Standards Program (NPHPSP), Core Competencies for Public Health Professionals, and Public Health Accreditation Board. In addition, incorporate *Community Guide* evidence-based findings and recommendations into the development of Model Programs.

Examples include but are not limited to:

      a. Assess the value of including in the NPHPS, Core Competencies for Public Health Professionals, and Public Health Accreditation measurement of the ability to use evidence-based approaches, in general, and *The Community Guide*, in particular, to meet health impact goals;

      b. Where value is established, operationalize how to incorporate adoption and use of evidence-based approaches into existing initiatives and approaches; and

      c. Develop Model Programs that include one or more interventions identified by *The Community Guide* as effective in meeting health goals for a range of current high priority public health topics.

Activity 9 - Develop, produce, and disseminate targeted communication products for various users that promote awareness, adoption, and use of findings and recommendations outlined in *The Community Guide*. Potential users may be STLT health department staff and their partners including state and local education agency staff, legislators, lawyers, health care and public health professionals, community health coalitions, health care systems, non-governmental

organizations, businesses, faith-based organizations, and other traditional and non-traditional partners.

Examples include but are not limited to:

a. Establish effective formats for, and develop policy briefs on, specific *Community Guide* findings and recommendations that meet the preferences and needs of different target audiences;

b. Collect and develop *Community Guide* success stories and implementation stories (case studies) from individuals, agencies, and partnerships that can be used in print, electronic, and verbal formats and that highlight: 1) the public health impact (success) resulting from adoption of *Community Guide* recommendations and findings, and/or 2) how the individuals, agencies, or partners went about selecting and implementing *Community Guide* findings and recommendations;

c. Develop and undertake marketing strategies to increase awareness and use of *The Community Guide* among key target audiences.

d. Develop new print formats and materials about Task Force findings and recommendations that are targeted to the needs and preferences of key *Community Guide* audiences that can be easily updated and used to replace the outdated, expensive to produce/purchase, and non-tailored *Community Guide* book, published in 2005.

CDC Activities:

In a cooperative agreement, CDC staff is expected to be substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to assist STLT health departments, boards of health, and other public health entities and, where appropriate, community action groups and private sector organizations.

2. Assess the quality, effectiveness and satisfaction of training and technical assistance requests.

3. Provide guidance and coordination to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.

4. Support ongoing opportunities (e.g., net conferences, meetings) to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between groups that would not normally interact

5. Collaborate with CDC to improve technical and program guidance, and evaluation of preventive services to expand coverage for community and clinical preventive services.

6. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.

7. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes such as increased performance improvements and best or promising practices.

8. Collaborate, as appropriate, in the development and maintenance of information and communication networks, and provide methods for integrating the networks and measuring their effectiveness.

9. Collaborate to determine the optimal combination of resources needed to establish a coordinated online system so learners across public health can locate e-learning specific to their needs. Learners would rely on this system (i.e., the registry) to search across multiple collections of trusted learning content (i.e., repositories).

III. AWARD INFORMATION AND REQUIREMENTS

Type of Award: Cooperative Agreement

Award Mechanism: U58

Fiscal Year Funds: 2010

Approximate Current Fiscal Year Funding: $6,685,000

Approximate Total Project Period Funding By Parts:

PART I

Approximate Number of Awards: 5

Approximate Average Award: $800,000

Floor of Individual Award Range: $500,000

Ceiling of Individual Award Range: $1,396,000

PART II

Approximate Number of Awards: 2

Approximate Average Award: $243,000

Floor of Individual Award Range: $150,000

Ceiling of Individual Award Range: $335,000

PART III

Approximate Number of Awards: 4 to 8

Approximate Average Award: $75,000 to $250,000

Floor of Individual Award Range: $75,000

Ceiling of Individual Award Range: $500,000

Anticipated Award Date: September 30, 2010

Budget Period Length: Approximately 8 months (September 30, 2010 – May 31, 2011)

Project Period Length: Approximately 8 months (September 30, 2010 – May 31, 2011)

Throughout the project period, CDC's commitment to continuation of awards will be conditioned upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

IV. ELIGIBILITY

Eligible applicants are limited to the following national, non-profit, public health professional organizations funded through the competitive funding opportunity announcement CDC-RFA-HM08-805:

1. American Public Health Association (APHA)

2. Association of Maternal and Child Health Programs (AMCHP)

3. Association of State and Territorial Health Officials (ASTHO)

4. Council of State and Territorial Epidemiologists (CSTE)

5. National Association of County and City Health Officials (NACCHO)

6. National Association of Local Boards of Health (NALBOH)

7. National Network of Public Health Institutes (NNPHI)

8. Public Health Accreditation Board (PHAB)

9. Public Health Data Standards Consortium (PHDSC)

10. Public Health Foundation (PHF)

11. Task Force on Global Health (TFGH)

SPECIAL ELIGIBILITY CRITERIA: Not Applicable.

Cost Sharing or Matching:

Cost sharing or matching funds are not required for this program.

Maintenance of Effort:

Maintenance of Effort is not required for this program.

Special Requirements:

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

V. APPLICATION CONTENT

Applicants may submit up to three separate supplemental applications and must indicate the Activities for which applying in both the "Application Filing Name" item of the application package cover page and in Item #15 "Descriptive Title of Applicant's Project" of the SF-424 form. See the samples below:

Sample - Application Filing Name:

Part I: Activity 1, 2 and/or 3 – [APPLICANT NAME HERE]

Sample – SF-424, Item #15, Descriptive Title of Applicant's Project:

Part I: Activity 1, 2 and/or 3 - Capacity Building Assistance to Improve Public Health Infrastructure Investments.

This announcement requires submission of the following information:

Table of Contents

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed Activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 15. If an applicant's narrative exceeds the page limit, only the first pages that are within the page limit will be reviewed.

- Font size: 12 point unreduced, Times New Roman

- Single spaced

- Paper size: 8.5 by 11 inches

- Page margin size: One inch

- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted during the first year and a brief description of activities over the remaining project period, and must include the following items in the order listed:

A. Summary of Funding Request – State Activities for which funding is being requested.

B. Applicant's relationship or experience working with STLT health departments:

1. Description of experience or relationship working with STLT health departments.

2. Description of track record providing CBA to STLT health departments. Please include information on recent examples of the format and content of CBA provided and examples of CBA outcomes or benefits that were documented.

C. Applicant's experience providing CBA in the proposed Activity to STLT health departments and other stakeholders (where appropriate):

1. Description of applicant's experience and capacity to provide CBA in the Activity for which applying. Please provide unique descriptions per Activity as described below:

    (1) If applying for Activities 1, 2, and/or 3 please provide relevant experience to conduct this work. Include information such as:

    (a) Available staff and their expertise to provide CBA

    (b) Training curricula and materials

    (c) Communication and dissemination tools or strategies

    (d) Related CBA publications and guidance

    (e) Mentoring programs, networking or peer exchange forums or projects

    (f) Dissemination and publication capabilities

    (g) Assessment or secondary research capacity

    (h) Training and consultation expertise

    (i) Other significant information that demonstrates your capacity for successful implementation of this Activity

Applicants applying for Part I may apply for Activities 1, 2 and/or 3.

(2) If applying for Activities 4 and /or 5, please provide relevant experience to

conduct this work. Include information such as:

(a) Available staff and their expertise to provide CBA

(b) Training curricula and materials

(c) Communication and dissemination tools or strategies

(d) Related CBA publications and guidance

(e) Mentoring programs, networking or peer exchange forums or projects

(f) Dissemination and publication capabilities

(g) Assessment or secondary research capacity

(h) Training and consultation expertise

(i) Other significant information that demonstrates your capacity for successful

implementation of this Activity

(3) If applying for Activity 6, please provide relevant experience as follows:

(a) Understanding of and familiarity with evidence-based approaches, including

The Community Guide.

(b) Proven ability to provide capacity-building assistance, including the provision

of technical assistance.

(c) Expertise in needs assessment, process and outcome evaluation.

(d) Experience in using surveillance and monitoring data to inform decision

making.

(e) Well-established and trusted relationships with one or more intended end user audiences of the Community Guide, including STLT agency staff, practitioners, and their partners.

(f) Good working relationships with, credibility, and the ability to coordinate activities across organizations and agencies at national, state, and local levels.

(g) Experience in partnership building and sustainability.

(4) If applying for Activity 7, please provide relevant experience as follows:

(a) Understanding of and familiarity with evidence-based approaches, including *The Community Guide*.

(b) Proven ability to provide policy and practice-relevant education and training.

(c) Ability to conduct training using varied channels and formats.

(d) Experience with securing continuing education credits for one or more health care or public health professional audience.

(5) If applying for Activity 8, please provide relevant experience as follows:

(a) Understanding of and familiarity with evidence-based approaches, including *The Community Guide*.

(b) Experience and ongoing involvement with the refinement of one or more of the NPHPSP, Public Health Accreditation Board, and Core Competencies for Public Health Professionals, and/or the development of Model Programs.

(c) Experience in partnership building and sustainability.

(d) Good working relationships and credibility with, and the ability to coordinate activities across organizations and agencies at national, state, and local levels.

(6) If applying for Activity 9, please provide relevant experience as follows:

(a) Understanding of and familiarity with evidence-based approaches, including *The Community Guide*,

(b) Credibility with multiple intended end user audiences of *The Community Guide*, including STLT health agency staff and their partners; practitioners; and organizations and agencies that may represent those end users.

(c) Experience with the development of communication materials — including needs assessment, product development and refinement, formative evaluation including evaluation of acceptability and reach, and evaluation of impact.

(d) Experience with materials marketing.

(e) Experience with and ongoing ability to produce for and disseminate materials to multiple target audiences.

(f) Clearinghouse capabilities.

D. Applicant's CBA action plan for STLT health departments:

1. Description of the CBA action plan per Activity. Please include information such as:

    (a) Strategy for working with STLT health departments to provide CBA,

    (b) Coordination activities with STLT health departments,

    (c) Relationship of this CBA strategy with health reform efforts,

    (d) Key CBA program goals, objectives, and sub-activities proposed for STLT health departments and the rationale for this selection (where appropriate).

E. Applicant's performance measures and data collection plans for the proposed Activity:

1. Description of the overall performance measures for the proposed CBA project (should identify at minimum one per each Activity)

2. Description of the data collection strategy for benchmarking or assessing achievement of the performance outcomes (to be provided with required interim and annual progress reports). Performance outcomes must relate to performance goals described for each "Part" under which each Activity is categorized.

F. Additional information should be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Budget and Justification – A separate line item budget and justification must be submitted for each Activity. Applicants are encouraged to follow recommended guidance for completing a detailed justified budget found on the CDC Web site at http://www.cdc.gov/od/pgo/funding/budgetguide.htm. *Given the shortened length of the budget period, applicants are strongly encouraged to use contracts to acquire the necessary expertise to execute activities described in this FOA.*

- Curriculum Vitas/Resumes for key staff (Principle Investigators and operational leads)

- Indirect cost rate agreement

Additional information submitted via Grants.gov should be uploaded in a PDF file format, and should be named as indicated above.

No more than 10 attachments should be uploaded per application.

Additional requirements for additional documentation with the application are listed in Section

VII. Award Administration Information; subsection entitled "Administrative and National Policy Requirements."

Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

APPLICATION SUBMISSION

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process.

After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are

also strongly encouraged to allocate additional days prior to the published deadline to file

their application. Non-validated applications will not be accepted after the published

application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of

application submission, please contact Grants.gov. Refer to the email message generated at the

time of application submission for instructions on how to track your application or the

Application User Guide, Version 3.0 page 57.

Other Submission Requirements

A letter of intent is not applicable to this funding opportunity announcement.

Electronic Submission of Application:

Applications must be submitted electronically at www.Grants.gov. The application package can

be downloaded from www.Grants.gov. Applicants can complete the application package off-line,

and then upload and submit the application via the Grants.gov Web site. The applicant must

submit all application attachments using a PDF file format when submitting via Grants.gov.

Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats

other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically time/date

stamped and assigned a tracking number. The authorizing organization representative will

receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking

number serves as a receipt of submission. If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to PGO TIMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to PGO TIMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Application Deadline Date: August 24, 2010 on Grants.gov by 5:00 p.m. Eastern Daylight Savings Time (EDST)

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 5:00pm Eastern Daylight Savings Time (EDST) on the deadline date.

VI. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of CDC-RFA-HM08-805. Measures of effectiveness must relate to the performance goals stated for each "Part" in the "Program Implementation" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Evaluation Criteria

Part I: The application will be evaluated against the following criteria:

1. **Relationship with STLT Health Departments (10 points)** - The extent to which the applicant demonstrates experience or a track record providing CBA to STLT health departments and other stakeholders (where appropriate)

2. **Applicant's capacity to conduct the proposed Activity (30 points)** - The extent to which the applicant demonstrates experience in providing CBA related to the proposed Activity to STLT health departments and other stakeholders (where appropriate). Note: Information is requested on applicant's capacity to undertake each activity.

3. **CBA Action Plan (35 points)** - The extent to which the applicant proposes a CBA action plan for STLT health departments that is feasible for implementation, well coordinated with STLT health departments and other stakeholders (where appropriate), responsive to the proposed Activity, and responsive to the performance goals in Part I, Part II or Part III as follows:

   a. Coordination of CBA strategy with STLT health departments (5 points)

   b. Objectives that are SMART (specific, measurable, achievable, realistic, and time-phased and in alignment with the relevant purpose sections) (5 points)

   c. Proposed sub-activities that are likely to improve public health investments (15 points)

   d. Overall feasibility of CBA plan for implementation (10 points)

4. **Performance Measures (15 points)** - The extent to which the applicant proposes relevant performance measures that will indicate achievements in CBA.

5. **Data Collection (10 points)** - The extent to which the applicant proposes a feasible (can be implemented and at a reasonable cost and program effort) plan for data collection.

6. **Staffing Plan**–Reviewed but not scored.

7. **Budget** – Reviewed but not scored. Budget (SF 424A) and Budget Narrative. Although the budget is not scored applicants should consider the following in development of their budget. The itemized budget for conducting the project and justification should be reasonable and consistent. If the applicants requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov. The budget should also address other resources that are currently allocated for these purposes. The budget must include plans to staff up for appropriate work described per Activity. *Given the shortened length of the budget period, applicants are strongly encouraged to use contracts to acquire the necessary expertise to execute activities described in this FOA.*

CDC may require applicants selected through the objective review process for funding to submit a revised work plan based on panel comments before funds are provided.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.

- Recipients may not use funds for clinical care.

- Recipients may not use these funds to supplant existing programs and staff.

- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.

- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

- Reimbursement of pre-award costs is not allowed.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

Application Review Process

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by Office for State, Tribal, Local and Territorial Support (OSTLTS) and PGO.

Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled "Evaluation Criteria." Staff from OSTLTS, other CDC centers, institutes, and offices, and or HHS will conduct a panel review for eligible proposals. The panel will rank proposals individually against the evaluation criteria.

Applications Selection Process

Applications will be funded in order by score and rank determined by the review panel.

VII. Award Administration Information

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

AR-4 HIV/AIDS Confidentiality Provisions

AR-5 HIV Program Review Panel Requirements

AR-6 Patient Care

AR-7 Executive Order 12372

AR-8 Public Health System Reporting Requirements

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2010

AR-12 Lobbying Restrictions

AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14 Accounting System Requirements

AR-20 Conference Support

AR-24 Health Insurance Portability and Accountability Act Requirements

AR-25 Release and Sharing of Data

AR-26 National Historic Preservation Act of 1966

(Public Law 89-665, 80 Stat. 915)

AR-27 Conference Disclaimer and Use of Logos

AR-29 Federal Leadership on Reducing Texting While Driving

Additional information on the requirements can be found on the CDC Web site at the following

Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and

Records Administration at the following Internet address:

http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet

address: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

TERMS AND CONDITIONS

Reporting Requirements: Reporting requirements are governed by the terms and conditions of

CDC-RFA-HM08-805: *Strengthen and Improve the Nation's Public Health Capacity through*

National, Non-Profit, Professional Public Health Organizations to Increase Health Protection

and Health Equity.

VIII. Agency Contacts

For **program technical assistance**, contact:

Samuel Taveras, Project Officer

Centers for Disease Control and Prevention (CDC)

Office for State, Tribal, Local and Territorial Support (OSTLTS)

1600 Clifton Road, MS: E73

Atlanta, GA 30333

Telephone:

E-mail: sbw6@cdc.gov

For **financial, grants management, or budget assistance**, contact:

Angela Webb, Grants Management Specialist

Centers for Disease Control and Prevention (CDC)

Procurement and Grants Office (PGO)

2920 Brandywine Road, Mail Stop E-14

Atlanta, GA 30341

Telephone: 404-488-2784

E-mail: awebb@cdc.gov

All questions must be submitted in writing to the contacts above. Responses will be provided within 48 hours to all eligible applicants.

For **application submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 770-488-2783.